



## ISDH and Eli Lilly partnering to stop childhood obesity

**T**here is no easy answer to the problem of childhood obesity, but the Indiana State Department of Health and Eli Lilly and Company are partnering to come up with a plan of action for prevention of the condition.

Eli Lilly has loaned senior clinical research physician in endocrinology William Wishner, M.D., to the Department of Health for 18 months to work on the [Indiana Strategic Plan for Childhood and Adolescent Obesity](#). Dr. Wishner's job is to develop a strategy for examining child and adolescent obesity in Indiana that will lead to a coordinated action plan involving families, individuals, stakeholders, and political entities.

Dr. Wishner says the initiative message – "Share the Responsibility: Shaping the Future of Indiana Children" – is indicative of the focus. All stakeholders need to be involved in and take responsibility for creating opportunities for children and adolescents to change lifestyles that can lead to obesity. Their future is in the hands of the stakeholders.

The statistics for [childhood obesity](#) are not encouraging, and the root causes not clearly understood. There are a variety of programs taking aim at childhood obesity, but little coordination, according to Dr. Wishner, who wants to develop a verbal strategy for others to carry forward once his 18 health department months are up.

The strategic plan is in the early stages, and the first few months will center on fact finding, discussion themes, and goal setting.

According to Dr. Wishner, approximately 20 percent of Indiana children are overweight by the time they reach the eighth grade. Another 35 percent are at-risk of becoming obese.

The vision for the obesity initiative, Dr. Wishner said, is that all children in Indiana will have a healthy weight. The initiative seeks to reduce the burden of weight-related disease by preventing the prevalence of obesity in children and adolescents.

**A**lthough the causes of obesity seem obvious – lack of exercise, too much TV, and too much fast food, what Dr. Wishner calls the "low-hanging fruit" – it is much more complex.

"The roots of this problem go to genetics, through culture and family structure, food chain businesses, and the economic need to promote the manufacture and selling of foods, and much more," Dr. Wishner said.

Dr. Wishner said, "Food chain businesses want to succeed so they promote food. Schools need to raise extra money so they have vending machines in the cafeteria."

Adolescents need the opportunity to make better choices, Dr. Wishner noted, saying, "The industry needs to be cultivated as a partner in the solution and encouraged to be creative.

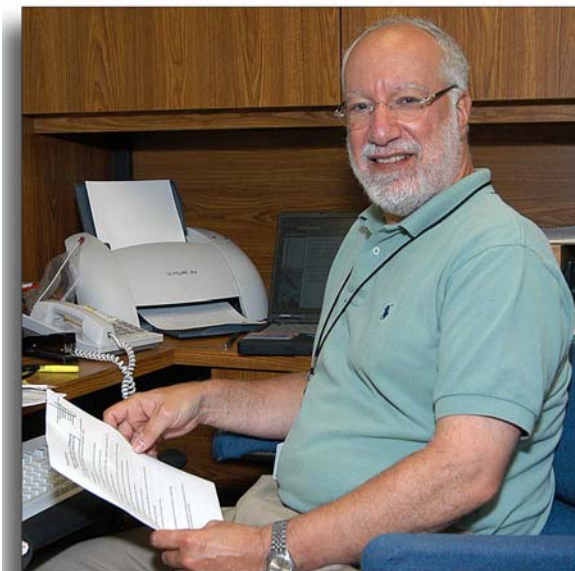


Photo by Daniel Axler

Dr. William Wishner

They need to create foods that are cheap to produce, provide good nutrition, yet appeal to young people."

Dr. Wishner added, "Raising money is key to the success of the initiative. Unless you have the money, organization, and messaging to carry the initiative forward, it won't happen."

Dr. Wishner said that obtaining significant grant support and enabling future

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## Agency gears up West Nile virus communication efforts

By Jennifer Dunlap, Office of Public Affairs

State health officials report continuing evidence of [West Nile virus](#) activity in Indiana for 2003. To date, Indiana has had four probable human cases of West Nile virus. An additional 21 Indiana counties have had positive test results for the virus in birds and mosquitoes.

"This amount of activity means we could see a period of intense transmission of the West Nile virus throughout the state, as we did last summer," said James Howell, veterinary epidemiologist for the Indiana State Department of Health.

In 2002 there were 293 human cases of West Nile virus in Indiana, including 11 deaths. This year, the State Department of



Health developed a West Nile virus brochure, which was also translated in-house into Spanish by Kathryn Brigham, Office of Legal Affairs. The brochure is

available on the [ISDH Web site](#).

Public Affairs staff distributed more than 164,000 copies of the brochure in English and more than 43,000 in Spanish to 75 local health departments, statewide. Staff delivered some of these brochures personally during visits to all 94 local health departments in Indiana this summer.

To expand on last year's communication efforts on West Nile virus, the Office of Public Affairs has:

- ◆ Written and recorded four radio public service announcements (PSAs) on West Nile virus, which were e-mailed as an attachment to radio stations statewide. The

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# Bartholomew County offers new identity tool for kids

Open wide. Crunch down. That's what Carol Caudill, L.D.H., told her young patients as she took an imprint of their teeth that can be used to identify the youngsters in case the unthinkable happens.



In the United States, there are more than 800,000 children reported missing each year, more than 2,000 a day, according to the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. In Indiana, currently there are nearly 300 missing children, according to the Indiana State Police.

Caudill, who is the dental program coordinator at the [Bartholomew County Health Department](#), said she implemented the identification procedure during the health department's July 22 and July 29 Head Start Roundup as a service to parents.

The Roundup is a yearly pre-kindergarten screening and immunization program for youngsters in the Head Start program in Bartholomew, Johnson, and Shelby counties. This was the first year for the teeth imprints, a new technique developed by a pediatric dentist.

Caudill said the plastic, wafer-shaped disk comes in a plastic bag from the manufacturer. The bottom of the bag is cut and the disk is heated in hot water, giving it the consistency of chewing gum.

**"Y**ou lay the disk on the bottom teeth and have the kids crunch down and bite on it for 20 or 30 seconds," she said. "Then you put the teeth imprint in a plastic zip bag, give it to the parents and tell them, 'Put it away in a safe, cool, and dark place, and hope you never have to use it.'"

"There is no other bite like that child's bite," Caudill said.

Caudill did teeth imprints on 55 youngsters during the two Tuesdays. The clinic ran from 4:30 to 8 p.m. to accommodate parents' work schedules, she said.

Known as "the tooth lady" by school kids throughout Bartholomew County, Caudill has been with the health department for 14 years. She said she read an article about teeth imprinting and thought it would be a good service for the health

department to offer.

Debbie Overfelt, R.N., B.S.N., director of the health department's nursing division, said, "It was a really good idea. It was well received, and the parents really wanted it. We'll probably go out in the community and implement this program at other places."

**O**verfelt said pre-kindergarten Head Start youngsters can get their federally mandated physicals, immunizations, dental screenings, and hemoglobin checks at the health department clinic. This was the fifth year for the Head Start Roundup.

Nurse practitioner students from the IU School of Nursing helped with physicals, and about ten local dentists volunteered their time for the dental screenings.

"We were very busy," Overfelt said. The teeth imprint procedure was a voluntary part of the Roundup.

Caudill noted that because of fluoridation and better dental education many youngsters have had no dental work done – even by the time they are teenagers – that could be used for identification purposes.

**T**he teeth imprint is a unique identifier. According to Caudill, there is enough saliva on the disk to provide DNA identification, and search dogs will be able to smell the plastic bag and track from it.

Caudill said teeth imprints should be taken when a child is about 3 years old, when the first set of teeth is in; at 7 or 8 when the six-year molars have come in; and again at 12 or 13 when all teeth have come in.

The teeth imprint provides a one-of-a-kind picture, sort of like fingerprints, except with teeth.

"The parents thought it was just wonderful," Caudill said.

## A farewell to Michael Hurst



Above, Wendy Gettelfinger, assistant commissioner, Community and Family Health Services Commission, and Robert Scott, grants coordinator, Maternal and Child Health, wish former Deputy Commission Michael Hurst well in his new position as the governor's executive assistant for transportation. Hurst's sons, David and Daniel, also enjoyed the farewell reception.



State Health Commissioner Greg Wilson, M.D., gives Hurst a chocolate bar to help him get through his new job in the governor's office.

Veronica Hibbler, director, Office of Legal Affairs, gives Hurst a reminder sheet of the correct order for "Relax, Release, Relate."



## Indiana State Department of Health *Express*

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# Liz Carroll: Jailbird for a day

Photo by Daniel Axler



Handcuffed and escorted from her Indiana State Department of Health office to the slammer, jailbird Liz Carroll was forlorn. "Woe is me!" she moaned as she was read her rights – which were none.

"My constitutional rights are being violated," the deputy health commissioner implored. "I'm innocent!"

Judge Turner, who also doubled as the prosecuting attorney, turned a deaf ear. He pounded his gavel and boomed, "Guilty! Liz Carroll you are guilty of having a big heart. Liz Carroll, you are guilty of caring about people in your community."

Carroll was tossed behind the jailhouse bars at Buca di Beppo, her mug shot taken, and commanded to raise bail money – for the Muscular Dystrophy Association.

Luckily, Carroll had already raised some of the bail money, having placed "Free Liz" containers on the third, fourth and fifth floors of the ISDH building. Sitting at Buca on Aug. 8, waiting for her specially prepared jailhouse grub, Carroll placed telephone calls to friends and colleagues,

desperately seeking bail money so she could make her 1 o'clock meeting.

"Please, please help me," she pleaded into the phone.

When all was said and done Carroll had raised more than \$325 for MDA. The organization supports such services as worldwide research for neuromuscular diseases, local clinics, support group sessions, and summer camping programs.

In Indiana, MDA sponsors summer camps for kids ages 6 to 21 in the Indianapolis, Fort Wayne-South Bend, and Evansville areas. Judge Taylor said MDA contributions also help pay for power or manual wheelchairs, leg braces, annual flu shots, clinic visits, and support group sessions.

Carroll was one of about 275 community leaders who were "turned in" by friends (?) to be arrested for the good of the public.

Buca hosted the MDA Lockup during the lunch hours on Aug. 5 – 7. Jailbirds packed the dining room, having their mug shots taken, eating the grub, making their phone calls, and turning in their money, which amounted to more than \$91,000.



Photo by Daniel Axler

**Liz Carroll** is "cuffed" by Securitas security guard Tracy Guzman, who escorted her to the "slammer." Securitas donated their services for the MDA fund-raiser.

"I want to thank all those people who came to my rescue by posting my bail to set me free," Carroll said. "More importantly, I want to thank them for supporting MDA. The money definitely will be used to help a very worthy cause."

## WEST NILE: News releases, PSAs and brochures distributed

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Indiana Broadcasters Association endorsed these PSAs through an e-mail to all of its members.

◆ Sent news release templates to all local health departments to use if/when they have positive test results for West Nile virus or a human case.

◆ Sent approximately 25 Indiana TV stations a copy of the video PSA from the Centers for Disease Control and Prevention (CDC).

◆ Added new information and additional links to the ISDH West Nile virus Web site to make it easier to use. Separate pages were specifically designed with different information for the public, local health departments, and healthcare professionals.

◆ Posted the State Action Plan for West Nile virus on the ISDH Web site.

◆ Sponsored a West Nile virus booth at the 2003 Black & Minority Health Fair.

◆ Worked with the Indiana Department of Environmental Management on a couple of West Nile-related articles.

## Tips on Using DEET

The most effective mosquito repellents contain diethyl toluamide (DEET) as the active ingredient. For most purposes, products with DEET concentrations of 30-35 percent are sufficient for adults, and can last 8-12 hours.

- Use just enough repellent to lightly cover the skin; do not saturate the skin.
- Apply repellents only to exposed skin, clothing, or both. Do not use under clothing.
- Do not spray directly onto your face. Instead, dispense repellent into palms, rub hands together, and apply a thin layer to the face.
- Avoid contact with eyes and mouth. Do not apply repellent to children's hands.
- Wipe repellent from the surfaces of the palms after applying.
- Never use repellents over cuts and wounds or on inflamed, irritated, or eczematous skin.
- Do not inhale aerosol formulas or get them into the eyes.
- Wash treated areas with soap and water once you are inside.

# Dreams do come true

It was Sudheer Kodam's first tennis tournament, and he was nervous.

He picked up his racket, walked out on the court, took a deep breath, and pounded out a booming serve. Four matches later, he had won the Men's Singles "B" event in the Columbus City Tennis Tournament.

Kodam, a programmer analyst in the Office of HIPAA Compliance, entered the tournament at the urging of friends. He has been playing tennis only since 1999, when he came to the United States from his hometown of Hyderabad, India.

"I always wanted to play tennis," Kodam said. "I would watch it on TV in India and see Steffi Graf play. I didn't get a chance to play tennis in India. But in the U.S., there are tennis courts everywhere. There's a tennis court at every apartment complex."

The 30-year-old Kodam has had no formal training in tennis. He says he just practices every day.

Kodam, who lives in Columbus, said many colleagues from ISDH drove there to cheer him on.

He said Mohan Ambaty, Vidyasagar 'Ramu' Chinthala, Sachin Kabra, Veer Nagaraju, Kiran Edukulla, and Show Reddy



Sudheer Kodam stands proudly with his 1st place tennis medal around his neck.

were court-side urging him on to victory. The tournament ran July 20 through July 24.

In addition, Kodam said others from ISDH e-mailed him with good wishes for the

finals. He added that he really appreciated the support he received from Chris Mickens, HIPAA director; Patty Cline, team leader; and Kathie Nunley, HIPAA analyst.

"I really appreciate my whole team here," he said. "They really gave me good support. After I won the semi-finals they posted the newspaper article about me."

Kodam said his toughest match was the semi-finals.

"I lost the first set and won the second set. Then I was trailing 2-5 in the third set, and I won 7-5," he said. His score in the finals was 6-4, 7-5.

Kodam says his strengths are his serve, his chop, and his forehand. He considers his backhand his weakest shot.

"When I came to the U.S., I didn't know how to hold the racket. I started playing just for fun, and then I developed my game. I never dreamed I would reach this stage," Kodam said.

"To play tennis was my dream in India," he said.

Looks like Kodam's dream came true in a big way.

## CHILDHOOD OBESITY: Changing lifestyles is long-term project

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legislative help are critical to the success of the initiative.

"The present problem also is understanding who will become obese," Dr. Wishner said. "Not every obese child will become an obese adult. Not every obese adult started out as an obese child. One of the best predictors still is if both parents are obese."

Dr. Wishner noted that changing habits and lifestyles that cause obesity will not happen in the short term, not even three, four, or five years.

"We will have to change lifestyles over several generations to ultimately make the difference," he said.

"The messages that smoking and cholesterol were bad for you took 20 years or more to get out. The public health message about obesity and how it can be prevented is a long-term message," Dr. Wishner said.

In developing the initiative, Dr. Wishner said, it's important to consider how the stakeholders will come together, and what resources are available for each action plan. He noted that one of the keys is preventions

through better behaviors centered in the family and schools.

Dr. Wishner emphasized that the initiative will succeed only with the cooperation and coordination of the varied stakeholders, such as persons with obesity old enough to make decisions about contributing factors; family members of children with obesity or at risk for obesity; health care providers; health care professional organizations; public health entities; schools; PTAs; nutrition planners; teachers; school nurses; food chain manufacturers, distributors, and executives; legislators; governmental agencies; health-related businesses; insurance agencies; universities; welfare entities; public and private weight programs; existing programs; and media.

From his temporary office at 2 North Meridian, Dr. Wishner is looking to the future, looking to come up with the foundation for a plan to make Hoosier children and adolescents healthier.

"My job is to make sure when I return to Lilly in 18 months, there will be a well-defined strategic plan, fiscal resources, and the right organization in place to carry the initiative forward," he said.

### Preliminary Action Areas

- ✓ Increase awareness of obesity as a public health issue through messages and materials about obesity and identify those who are at high risk of becoming obese.
- ✓ Create opportunities for families, schools, businesses, and communities to promote lifestyles, physical activities, and programs that lead to maintaining a healthy weight and developing healthful eating habits.
- ✓ Promote enabling policies and environmental changes that support healthful eating habits and physical activity through advocacy and enabling legislation.
- ✓ Monitor obesity rates, related behaviors, and health conditions by creating a system for data collection and reporting activities.
- ✓ Identify, create, and maintain a coalition of Indiana stakeholders, creating support for local community-based networks of stakeholders.